What Other Areas in the State Are Doing to Plan Effectively for a Growing Older Population

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Chesterfield is a progressive and beautiful county
with a rich blend of commerce, suburban development and natural resources.

Let's imagine, for just a moment, that we are traveling on one of
Chesterfield's country roads.

It's a dirt road
… with hills and gulleys, twists and turns.

As we walk down this road, we notice that there are areas that are
smooth from regular wear and
other areas filled with rubble, that have been barely traveled.

There is even an occasional branch, that reaches out over the road, and
if we aren't watching where we are going, it could just knock us on our tails.

Often these roads are not a straight path from A to B…
but rather wind around roots and boulders…
trying to take the path of least resistance.

Every once in a while, we happen onto a curve and,
when you stand in just the right position,
you can see where you've traveled from.. and where you are going.

Today, we stand in just that spot!

I had the opportunity to attend a recent presentation
made by our National Assistant Secretary on Aging, Kathy Greenlee,
and to borrow her words,

"at this moment in time, as we focus on better serving older adults and individuals with disabilities,
we are at a curve in the road… uniquely positioned
to see where we have been… and where we are going.

All the work, that has been done to date,
has been critical to the journey,
and we can not navigate the road ahead,
had we not traveled the miles behind us."

This is so simple and yet such an important observation.

It's tough to plan for the future, without some context of where we've been.

So today, before we talk about current and future best practices,
let's look at a quick historical snapshot:

1935 – Social Security Act was signed into law.

1956 – SSDI was added to provide Social Security Disability Insurance

There were also things happening on the state level as in
1958 – when the General Assembly created a Commission on Aging in Virginia.

And in 1965 – the Great Society Legislation, which included the
Older Americans Act; Medicaid and Medicare, was signed into law.
These were created as a package…designed to work together.

1973 – Rehab Act was established to protect federal employees who had a disability.
1975 –SSI was added for Blind and Disabled Adults and Children, with nearly 60% of original funding going to the elderly.

1990 – The signing of the Americans with Disabilities Act (ADA)

further prohibited employment discrimination, and required equal access to public and private goods and services.

Since the enactment of the OAA, it has been amended 16 times:

- Establishing State Units on Aging and the AAA network;
- Nutrition programs like congregate and home-delivered meals; and
- Protection programs like Elder Justice and the Ombudsman program.

With the turn of the century, we really began seeing a major difference in the way we looked at LTC.

There was an amendment to the OAA that recognized the significant and growing reliance we had on Family Caregivers,
and the need for additional supports to assist them in their important role.

At the same time, the Olmstead Decision underscored the requirement for community integration for all individuals with disabilities,
and prompted a national movement to provide choice regarding how and where services are provided.

Surveys demonstrate over and over again that most people prefer to remain in their home and community whenever possible.

Research has shown that this is not only the top choice, but in most cases it also leads to:

- better mental and physical health outcomes;
- greater community engagement,
- and is a more economical solution,
- assisting greater numbers of individuals with fewer resources.

So as we stand here, at the curve in our dirt road;
And we look behind us, at where we have been.
We can see clearly, that we have had the same goals for older adults as we have had, for individuals with disabilities…

Dignity…choice…access…and independence.

These, have been the goals that have driven our legislation and policy decisions for 75 years.

So what's different about where we are today?

I think perhaps one of the big differences, is that we are beginning to see planning efforts, programs, and even entire communities that reflect this philosophy.

So let's stand on this curve and look at what is happening right here, right now.

What programs do we have in place that we can tap into for immediate assistance in our community or that can be replicated from other communities?

Well, if we look around the room, I would guess, that many of them are represented by many of you, who are attending today.

We have Senior Connections, a progressive Area Agency on Aging, that partnered with Chesterfield County, to develop a model program in Virginia, establishing a Senior Advocate, specifically focused on identifying new programs and addressing issues in Chesterfield County.

We also have growing partnerships, between the AAAs and CILs across the state that serve as the cornerstone for the Aging and Disability Resource Connection (or ADRC) in Virginia.

This is a true reflection of the national movement to strengthen supports across the aging and disability communities and to establish one network that serves everyone in need of LTC supports.

You may have heard this also referred to as No Wrong Door.

This is a growing network, focused on:

- Providing information and assistance
- Referrals to other services
- And Options Counseling.

This is especially important as we struggle to serve the rapidly growing, aging population.

This is not so much one tangible place, but rather a network of providers… working together to ensure that individuals are aware of their options and can access the services they need.

It leverages technology to help automate referrals and expedite the process…but its success, hinges on partnerships.

If you are a provider in the greater Richmond area, and you are not part of this network, we need you to be. Please contact Thelma Watson to find out how you can join the ADRC network.

Virginia Insurance Counseling and Assistance Program, also known as "VICAP" – is another important part of the ADRC network, hosted at the AAA and designed to assist individuals in understanding and maximizing their Medicare benefits.

Unfortunately, often those who can benefit from this the most, are the ones who are the most difficult to reach.
This is what the ADRC is all about…identifying a person in one agency, that may be able to benefit from a program in another, and getting them access… quickly and seamlessly.

Virginia EasyAccess is a web-based resource that partners with VirginiaNavigator. As a consumer or provider, you can access this online resource from any computer, and if you don't have a computer, there are hundreds of VirginiaNavigator Centers across the state, in libraries and senior centers, many of which are right here in Chesterfield.

Another important program is called *Money Follows the Person*, designed to assist residents of nursing facilities in successfully transitioning back to their home and community. This is also a national program that is being implemented on the community level.

PACE – Program for All Inclusive Care for the Elderly, has grown roots in 4 Virginia communities to help nursing home-eligible individuals stay in their communities by establishing a team of medical and social supports.

Another medical/social support team model, focused on supporting individuals in their home, is called, *At Home,* a program employed by the Shenandoah AAA, which also combines the team of professionals with Physician Assistant students to provide chronic disease management to rural homebound elders.

Connections, is another innovative program, which was developed by the Alzheimer's Association of Central and Western Virginia and UVA, that provides a tool-kit and a home-based intervention for family caregivers of individuals with dimentia.

This program has just been recognized nationally, as a promising practice and will receive federal funding for the next two years to implement additional research and establish it as an evidence-based practice.

The *20/20 Plan* in Charlottesville and the *50+ Action Plan* in Fairfax are award-winning best practices for "Livable Communities" planning. They both have done an exemplary job of cross-cutting health and human services issues with housing… transportation… technology… education and community development.
As part of the planning process, Charlottesville worked with the Older Dominion Partnership, ODP, a non-profit initiative by Virginia businesses, government, foundations, and non-profits, to help Virginia "ride the age wave."

The ODP serves as an inspiration, catalyst, and independent platform for networking, collaboration and planning,
and has been working for the past 3 years to build an
online Age Wave Preparedness Resource Center.

I've not said much about housing and transportation best practices, because there are other speakers and workshops today, dedicated to these two areas.

What I will say though, is that, as we look at livable communities, we need to stretch our imagination and re-examine our policies so that we are not penned into traditional thinking.

With housing, we need to think more in terms of combining housing and human services, so that individuals can access services, where they live.

With transportation, we need to look at strengthening the combination of public and human service transportation and leveraging the assets of both.

There are still, far too few success stories, in transportation and housing, but the ones that have shined, despite lack of resources, are a result of flexible funding, revised policies, and innovative thinking.

As we continue to support community living, its important to not only think about providing services to those who have special needs but also helping to prevent chronic disease and potential disabilities.

Therefore, we need to include programming that encourages and teaches preventive measures to the greatest extent possible.

For years there was an age bias, in the development of prevention programs, but researchers now know, that establishing healthier living habits, at any age, is valuable and can prompt improved health outcomes.

Research shows that adults 50+ who begin exercising just 90 minutes a week can save an average of $2,200 per year in medical costs.

Beyond that, thousands of deaths and millions of dollars in health care are related to falls each year.

A prevented fall can mean

- a prevented trip to the hospital;
- prevented x-rays and treatment; and
- prevented rehabilitation or nursing home placement.

After a 12-week session of "*Stand Tall, Don't Fall*" exercise program offered by the Prince William Area Agency on Aging,
77 % of participants showed improved balance.

Another program you should be aware of is the Chronic Disease Self-Management Program called *You Can Live Well Virginia*.
An evidence-based program, it is currently offered to older adults and their caregivers by 9 AAAs in partnership with 35 health departments, serving 49 cities and counties in Virginia and one of them is Chesterfield.

Additionally, there are health education and screening programs for older adults, held at many congregate meal sites, senior housing complexes, hospitals, and senior centers.

Programs like "*Cool Aid"* can help low-income older adults avoid heat exhaustion and dehydration.

Flu shots and medication management programs are also available through local health departments, hospitals, pharmacies, and AAAs and can be invaluable in avoiding unnecessary hospitalization.
And finally, life-long learning and civic engagement are critical elements for livable communities.

Elderhostel programs, community colleges and universities, public libraries,

and faith-based programs are among the most popular providers of continuing education — improving cognitive, emotional, physical, and social health, while also developing a talent pool of individuals, better prepared to contribute back to the community.

This is a very brief look at some of the model programs for older adults in Virginia,

- some of which are available now in Chesterfield and some of which could be replicated;
- some are local implementations of national programs and some are home-grown.

For as diverse as these programs may be, there is one common thread that is part of the fabric of each and every one of these successful programs.

Partnership!

Rarely, is a quality program developed and deployed without collaboration. And when it is, it can always be enhanced by including partners.

So, now that we have an idea of where we've come and where we are now, let's go back to the curve in the road, one last time… and look at what lies ahead for Virginia.

Moving forward, we have three roadmaps that will help guide the way.

The first is Virginia's Four Year Plan for Aging Services which began about 18 months ago with a group of stakeholders that represent every facet of aging imaginable:
Health…Mental Health…Housing…Transportation…Life-long Learning…
Workforce Development…Advocacy…and Community Engagement.
The Four-Year Plan differs from past reports in that it is written from a personal perspective,
recognizing that we are all aging and it underscores the value of older Virginians as vital resources to our families and communities…

stressing the power and responsibility each of us has in shaping our later years…
and pointing out that successful aging is a partnership between each of us and the community in which we live.

It provides a short history…gives a comprehensive account of our current status…and makes recommendations for how we need to move forward.
It is a living document that the workgroup continues to shape,
with priorities and commitments to work together to achieve the common goals.

The second roadmap is a Blueprint for livable communities and long-term services and supports for older Virginians and people with disabilities.

Legislation regarding the Blueprint requires it to:

- Include planning through 2025
- Be comprehensive and inclusive of issues related to active, daily life
- Build upon existing plans and reports such as the Four-Year Plan
- Focus on (i) community integration; (ii) availability and accessibility of services and supports; and (iii) integration and participation in the economic mainstream.

The BluePrint Advisory Group is charged with presenting a final product by June 2011 that will:

- Be practical
- Establish values
- Provide incentives to encourage plans and action
- Provide links to existing tools and reports.

The third map will be portions of the Affordable Care Act which provides:

- funding and definition to our developing network of ADRCs
- provides valuable resources and a strong plan for
  Nursing home to community transitions through MFP

- formalizes caregiver support
- develops a national home and national advisory committee for APS
- and underscores the criticality of prevention programs for older adults.

Like all plans, the devil will be in the details.
Therefore, although there are tremendous opportunities to affect real change regarding long term care,
it will be important for advocacy groups to continue to work with policy makers as the regulations for guiding these opportunities are established.

These three state documents will be unique roadmaps for Virginia, used in combination with informative and valuable studies done by Genworth, MetLife, AARP, N4A, NCOA, NASUAD and many other public and private partners, which provide state by state comparisons, demographics, and trends to benchmark progress.

As we acknowledge the 75th Anniversary of the SS Act…
the 45th anniversary of the OAA, Medicare and Medicaid…and the 10th anniversary of Olmstead, the President declared this year
the Year of Community Living.

But community living is more than a great campaign for one year…it is a philosophy that has taken root and is now embedded into our LTC landscape…

- it's what people want…
- it also happens to be the most affordable approach to LTC…
- it is cross cutting beyond HHS…
- and requires new partners such a housing and transportation…
- it is the road ahead.

As a nation, a state, and a community, we must do all we can to provide each of us the opportunity to Age in Place. That also means providing smooth transitions to those who may not be in their place of choice at the moment.

As individuals, we must also take the responsibility to do all we can personally… to age healthy and to stay engaged in our communities.

We need both healthy Virginians **and** healthy communities.

In an effort to move forward, let's not forget to support all that is working now.

Let's be diligent also to leverage the evidence-based practices whenever possible.

But let's also not be afraid to walk on the bumpy, less-traveled side of the road.

The road we have traveled, has been a good one and will continue to serve us well, us as we move forward.

And today, we are uniquely poised for success because, we as individuals, as family members, as providers, as legislators, and as national, state, and local leaders stand together, at a point where we can not only see where we have been but also where we are going.

Thank you for your partnership and for your time and commitment to be here today and to ensure that Chesterfield is a healthy aging community.